

**CLAIMS ONLY**

Application Number

1018040294

**Filing Date**

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		May be used for additional claims or amendments			
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/						51			
2		/ y					52			
3		/					53			
4		/					54			
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43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep	7						Total Indep			
Total Depend	23						Total Depend			
Total Claims	30						Total Claims			